MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 09/83126

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1		1			54						
5	1		1				55						
6	1						56						
7			1		1		57						
8			1				58						
9			1				59						
10					1		60						
11							61						
12						1	62						
13						1	63						
14					1		64						
15					1		65						
16						1	66						
17						1	67						
18					1		68						
19							69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4		TOTAL IND.						
TOTAL DEP.	11		11		5		TOTAL DEP.						
TOTAL CLAIMS	15		15		9		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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